

# **Exhibit “A”**

# AX Transmission

Number of pages including cover sheet 4

Attention: Ms. Santana  
NYC Dept of Education

Company: DEB

Phone: 718-935-3320

Fax: 718-935-3775

Date: 4/02/13

From: Juanita L. Murray

Company: MS390X

Phone: 347-994-0245

Comments: I want to make an additional complaint  
re: discrimination against Special Ed students but I  
have to ask the parents first. The repercussions may be  
severe. JLM

OfficeMax  
**IMPRESS**  
PRINT & DOCUMENT SERVICES

3131 E. Main Street  
Mohegan Lake, NY 10547  
Phone: 914-526-2893  
Fax: 914-526-3299  
Email: [impress0987@officemax.com](mailto:impress0987@officemax.com)



# COMPLAINT OF ALLEGED DISCRIMINATION FORM

## Complainant Information:

Please complete every appropriate item and submit it as soon as possible after the incident of alleged discrimination or harassment to:

OFFICE OF EQUAL OPPORTUNITY  
 E.O. Complaint Unit  
 65 Court Street, Room 1102  
 Brooklyn, NY 11201  
 Phone #: 718-935-3320  
 Fax #: 718-935-2531

➤ A complaint must be filed within one year of the event which is the subject of the complaint.

➤ Please print clearly all requested information.

➤ Also attach additional pages and supporting documentation, if necessary.

Check (☑) One: ☒ Employee ☐ Student ☐ Parent ☐ Applicant for Employment ☐ Other

Name: Juanita L. Murray Title: School Social Worker

\*Student's Name: \_\_\_\_\_

(\*If complaint is being filed by parent)

Home Address: 1114 Stonegate Rd city: Shrub Oak State: NY Zip: 10588

Phone # Home: 914-245-2151 Cell: 347-994-0245 Work: 718-583-5501

## Head of Site Information:

Name of Principal or Head of Site:	_____
Title:	_____
School/Office/District:	_____
Site Address:	_____
Site Phone#:	_____

(over)

Nature of Complaint:1. Check ☒ below why you believe you were discriminated against.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Age                       | <input type="checkbox"/> Partnership Status   |
| <input type="checkbox"/> Alienage/Citizenship Status          | <input type="checkbox"/> Predisposing Genetic Characteristic                                  |
| <input type="checkbox"/> Arrest/Conviction                    | <input type="checkbox"/> Race   |
| <input type="checkbox"/> Color                                | <input type="checkbox"/> Religion   |
| <input type="checkbox"/> Creed                                | <input checked="" type="checkbox"/> Retaliation (for asserting a claim of discrimination)     |
| <input type="checkbox"/> Disability                           | <input type="checkbox"/> Sexual Harassment  |
| <input checked="" type="checkbox"/> Ethnicity/National Origin | <input type="checkbox"/> Sexual Orientation   |
| <input checked="" type="checkbox"/> Gender/Sex                | <input type="checkbox"/> Status as a Victim of Domestic Violence, Sexual Offenses or Stalking |
| <input type="checkbox"/> Marital Status                       | <input type="checkbox"/> Weight (for students only)   |
| <input type="checkbox"/> Military Status                      |   |

2. Name(s)/title(s) of person(s) you believe discriminated against you.

1. Name: <u>Robert Mercedes</u>	1. Title: <u>Principal</u>	2. Name:	2. Title:
3. Name:	3. Title:	4. Name:	4. Title:

3. Where did it take place?

Middle School 390 1930 Andrews Ave South Bronx, N.Y.

4. Date(s) on which alleged act(s) of discrimination occurred.

Month: <u>10</u> Day: <u>12</u> Year: <u>2012</u>	Month: <u>01</u> Day: <u>04</u> Year: <u>2013</u>
Month: <u>01</u> Day: <u>03</u> Year: <u>2013</u>	Month: <u>01</u> Day: <u>28</u> Year: <u>2013</u>

5. Explain what happened (cite names and evidence, if any, and attach extra pages if needed).

The principal explained in a meeting on Jan. 3, 2013 that only 1st and 2nd yr teachers were cost effective. He has made several attempts to decrease my caseload finally removing me from my position as a Related Services Provider which I've had for 21 years. Mr. Mercedes has moved me to an unspecified position with little to no training. He has humiliated me in front of students and staff on January 28, 2013, demanding  
 (continued)

6. What relief or corrective action are you seeking?

I want to be restored to my previous position as a Related Services provider. I want the harassment to stop. I would like to review my options with legal counsel because of the impact this harassment has had on my health and well being.

Signature: [Signature]Date: 3/23/13

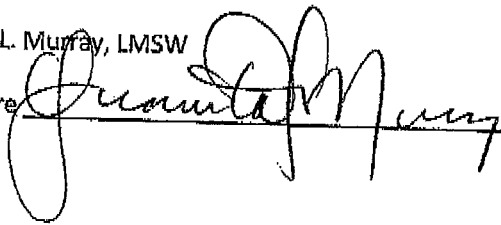
Continued from Page 2 of 2 (Nature of Complaint)

that I walk around the cafeteria 20 times. He entertains and encourages false allegations against me. A School Custodian and a School Aide made allegations that were clearly false. Mr. Mercedes said that he did an investigation. There was no investigation that resulted in any facts being presented. This is an attempt at character assassination and creates a hostile work environment.

I have several binders of letters and e-mails to support my claims. I will be happy to furnish your office with these documents as soon as you contact me. There are too many to fax.

Juanita L. Murray, LMSW

Signature

A handwritten signature in cursive script, appearing to read "Juanita Murray", written over a horizontal line.

Date

3/28/13